| Fill in                       | n this info                                      | ormation to identify you  | case and thi                        | is filing:  |  |                             |   |
|-------------------------------|--|---|-------------------------------------|---|--|-----------------------------|---|
| Debte                         | or 1   | Mario Francis M   | agnotta                             |   |  |                             |   |
|                               | _  | First Name  | Middle                              | Name  | Last Name  |                             |   |
| Debto<br>(Spous               | or 2<br>se, if filing)                           | First Name  | Middle                              | Name  | Last Name  |                             |   |
| Unite                         | d States   | Bankruptcy Court for the:   | EASTERN [                           | DISTRICT OF PENN                                    | SYLVANIA   |                             |   |
| Case                          | number   | 22-11824  |                                     |   | -  |                             | ☐ Check if this is an                                       |
|                               |  |   |                                     |   |  |                             | amended filing  |
| Offi                          | cial F   | orm 106A/B  |                                     |   |  |                             |   |
| Sc                            | hedu   | ile A/B: Prop   | perty                               |   |  |                             | 12/15   |
| In each<br>think is<br>inform | h category<br>t fits best.                       | r, separately list and descril<br>Be as complete and accur<br>ore space is needed, attacl | be items. List a<br>ate as possible | e. If two married people                            | n asset fits in more than or<br>e are filing together, both ar<br>e top of any additional page   | e equally responsible for s | upplying correct  |
| Part 1                        | : Descri   | be Each Residence, Buildin  | g, Land, or Oth                     | er Real Estate You Ov                               | n or Have an Interest In   |                             |   |
| 1. <b>Do</b>                  | you own o  | or have any legal or equitab  | le interest in ar                   | ny residence, building,                             | land, or similar property?   |                             |   |
|                               | No. Go to F                                      | Part 2.   |                                     |   |  |                             |   |
|                               | Yes. Wher  | e is the property?  |                                     |   |  |                             |   |
|                               |  |   |                                     |   |  |                             |   |
| Part 2                        | 2: Descri  | be Your Vehicles  |                                     |   |  |                             |   |
| 3. Ca                         | one else o                                       |   | cle, also report                    | t it on Schedule G: E.                              | vhether they are register<br>secutory Contracts and Ur   |                             |   |
| 3.1                           | Make:  | Honda   | Wh                                  | o has an interest in the                            | e property? Check one  |                             | claims or exemptions. Put                                   |
|                               | Model:   | Odyssey   |                                     | Debtor 1 only                                       |  |                             | ed claims on Schedule D:<br>nims Secured by Property.       |
|                               | Year:  | 2016  |                                     | Debtor 2 only                                       |  | Current value of the        | Current value of the  |
|                               |  | nate mileage: 54<br>ormation:   |                                     | Debtor 1 and Debtor 2 of At least one of the debtor |  | entire property?            | portion you own?  |
|                               | LX Min   | ivan  |                                     | At least one of the debt                            |  | <b>*47.050.00</b>           | 447.050.00  |
|                               | Location   | ondition<br>on: 1300 Shadyside R<br>ngtown PA 19335-380                                   | oad,                                | Check if this is commit<br>(see instructions)       | unity property   | \$17,250.00                 | \$17,250.00   |
| Exa                           | amples: B  No  Yes  dd the do  ages you  Descril | oats, trailers, motors, pers  | you own for a<br>Write that n       | ft, fishing vessels, sn                             | cles, other vehicles, and ownobiles, motorcycle acommobiles, motorcycle acommo | ccessories  / entries for   | \$17,250.00  Current value of the                           |
|                               |  |   |                                     |   |  |                             | portion you own? Do not deduct secured claims or exemptions |

| De  | ebtor 1                | Mario Francis Magnotta  | Case number (if kno               | wn) <b>22-11824</b>                            |
|-----|------------------------|---|-----------------------------------|--|
| 6.  |                        | old goods and furnishings<br>les: Major appliances, furniture, linens, china, kitchenware   |                                   |  |
|     | ■ Yes.                 | Describe  |                                   |  |
|     |                        | Household Goods and Furnishings<br>Books  |                                   | <b>***</b> • • • • • • • • • • • • • • • • • • |
|     |                        | Location: 1300 Shadyside Road, Downingtown  | PA 19335-3809                     | \$2,000.00                                     |
| 7.  | Electron Examp         | nics les: Televisions and radios; audio, video, stereo, and digital equipment; comp including cell phones, cameras, media players, games                | uters, printers, scanners; mus    | ic collections; electronic devices             |
|     | Yes.                   | Describe  |                                   |  |
|     |                        | Computer and Printer Location: 1300 Shadyside Road, Downingtown   | PA 19335-3809                     | \$1,000.00                                     |
| 8.  | Examp                  | bles of value  les: Antiques and figurines; paintings, prints, or other artwork; books, pictures other collections, memorabilia, collectibles  Describe | , or other art objects; stamp, o  | oin, or baseball card collections;             |
| 9.  | Examp.  No             | nent for sports and hobbies  les: Sports, photographic, exercise, and other hobby equipment; bicycles, por musical instruments  Describe                | ol tables, golf clubs, skis; cand | es and kayaks; carpentry tools;                |
|     | ■ No                   | ms  oles: Pistols, rifles, shotguns, ammunition, and related equipment  Describe  |                                   |  |
| 11. | □ No                   | bs ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe  | 3                                 |  |
|     |                        | Clothing for 1 adult male and 1 child Location: 1300 Shadyside Road, Downingtown  | PA 19335-3809                     | \$500.00                                       |
|     | ■ No                   | ry ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, h Describe   | eirloom jewelry, watches, gen     | s, gold, silver                                |
|     | Exam <sub>i</sub> ■ No | nrm animals ples: Dogs, cats, birds, horses  Describe   |                                   |  |
|     | ■ No                   | ther personal and household items you did not already list, including an  | y health aids you did not lis     | t  |
| 15  |                        | the dollar value of all of your entries from Part 3, including any entries fo<br>art 3. Write that number here  |                                   | \$3,500.00                                     |

| Del | btor 1 Mario Francis M                                    | lagnotta                        | C  | ase number (if known)  | 22-11824   |
|-----|---|---------------------------------|--|--|--|
|     |   |                                 |  |  |  |
|     | t 4: Describe Your Financial                              |                                 |  |  |  |
| Do  | you own or have any legal                                 | or equitable interest in any    | of the following?  |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| [   | □ No  | e in your wallet, in your home, | in a safe deposit box, and on hand w   | hen you file your petitio  | on   |
|     |   |                                 |  | Cash on hand<br>Location:<br>1300<br>Shadyside<br>Road,<br>Downingtown<br>PA<br>19335-3809 | \$ <b>50.00</b>  |
| _   | institutions. If yo                                       |                                 | s; certificates of deposit; shares in cre<br>n the same institution, list each.                                      | dit unions, brokerage h  | nouses, and other similar  |
| _   | □ No<br>■ Yes   |                                 | Institution name:  |  |  |
|     | • res   |                                 | JP Morgan Chase  |  |  |
|     |   |                                 | Account #4059  |  |  |
|     | 1   | 7.1. Checking                   | Location: 1300 Shadyside Ro<br>Downingtown PA 19335-3809   |  | \$81.55  |
|     | 1   | 7.2. Business Checking          | JP Morgan Chase<br>Account #9922   |  | \$46.05  |
| _   | Bonds, mutual funds, or p  Examples: Bond funds, inve     |                                 | age firms, money market accounts   |  |  |
|     | □ Yes   | Institution or issuer nam       | ie:  |  |  |
|     | Non-publicly traded stock                                 | and interests in incorporate    | ed and unincorporated businesses,  | including an interes   | t in an LLC, partnership, and  |
| ı   | joint venture<br>■ No                                     |                                 |  |  |  |
|     |   | ation about them                |  | % of ownership:  |  |
| _   | Negotiable instruments incl<br>Non-negotiable instruments | ude personal checks, cashier    | ole and non-negotiable instruments<br>s' checks, promissory notes, and mon<br>er to someone by signing or delivering | •  |  |
|     | ■ No<br>□ Yes. Give specific informa                      | ation about them  Issuer name:  |  |  |  |
| 21. | Retirement or pension acc<br>Examples: Interests in IRA,  | counts                          | o), thrift savings accounts, or other per  | nsion or profit-sharing  | plans  |
| I   | No  |                                 |  |  |  |
| [   | ☐ Yes. List each account se<br>T                          | parately.<br>Type of account:   | Institution name:  |  |  |
| 22. |   | eposits you have made so tha    | t you may continue service or use fror<br>lic utilities (electric, gas, water), teleco                               |  | ies, or others   |
| ı   | No  |                                 |  | ·  |  |

Case number (if known) 22-11824

Debtor 1

| DE  | ו וטוטפ  | Mario Fra                        | ncis Magnotta                               |  |                          | _ Case number              | (if known) 22     | -11824  |
|-----|--|----------------------------------|---|--|--------------------------|----------------------------|-------------------|---|
|     | ☐ Yes  |                                  |   | Ins  | titution name or indi    | vidual:                    |                   |   |
| 23. | _  | i <b>es</b> (A contrad           | ct for a periodic payı                      | ment of money to you,                              | either for life or for a | number of years)           |                   |   |
|     | ■ No<br>□ Yes  |                                  | Issuer name and o                           | lescription.                                       |                          |                            |                   |   |
| 24. |  |                                  | ation IRA, in an ac<br>1), 529A(b), and 529 |  | BLE program, or u        | nder a qualified state t   | tuition progra    | m.  |
|     | ☐ Yes  |                                  | Institution name ar                         | nd description. Separat                            | ely file the records o   | of any interests.11 U.S.C  | C. § 521(c):      |   |
|     | . Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit  |                                  |   |  |                          |                            |                   |   |
|     | ☐ Yes.   | Give specific                    | information about t                         | nem  |                          |                            |                   |   |
| 26. |  |                                  |   | e secrets, and other in<br>sites, proceeds from ro |                          |                            |                   |   |
|     | ☐ Yes.   | Give specific                    | information about t                         | hem  |                          |                            |                   |   |
|     | <ul> <li>7. Licenses, franchises, and other general intangibles         Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses     </li> <li>No</li> </ul> |                                  |   |  |                          |                            |                   |   |
|     | ☐ Yes.   | Give specific                    | information about t                         | nem  |                          |                            |                   |   |
| M   | oney or p  | oroperty owe                     | ed to you?                                  |  |                          |                            |                   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref  | unds owed t                      | o you                                       |  |                          |                            |                   |   |
|     | ■ No   | O::                              |   |  |                          |                            |                   |   |
|     | ⊔ Yes. (   | Give specific                    | information about tr                        | iem, including whether                             | you aiready filed the    | e returns and the tax yea  | ars               |   |
| 29. | Family<br>Examp<br>■ No  |                                  | or lump sum alimo                           | ny, spousal support, ch                            | ild support, mainten     | ance, divorce settlemen    | nt, property sett | lement  |
|     | ☐ Yes. (   | Give specific                    | information                                 |  |                          |                            |                   |   |
|     | Examp<br>_   | <i>les:</i> Unpaid w             |   | urance payments, disab<br>nade to someone else     | oility benefits, sick pa | ay, vacation pay, worke    | ers' compensati   | on, Social Security   |
|     | ■ No<br>□ Yes.   | Give specific                    | information                                 |  |                          |                            |                   |   |
| 31. | _Examp   | ts in insuran<br>l/es: Health, d |   | rance; health savings a                            | ccount (HSA); credi      | t, homeowner's, or rente   | er's insurance    |   |
|     | ■ No<br>□ Yes 1  | Name the ins                     | urance company of                           | each policy and list its                           | value                    |                            |                   |   |
|     | <b>—</b> 100.1   | rame the me                      | Company i                                   |  | value.                   | Beneficiary:               |                   | Surrender or refund value:  |
| 32. | If you a   |                                  |   | u from someone who<br>, expect proceeds from       |                          | icy, or are currently enti | itled to receive  | property because  |
|     | ■ No<br>□ Yes.   | Give specific                    | information                                 |  |                          |                            |                   |   |
|     |  |                                  |   | or not you have filed autes, insurance claims,     |                          | a demand for payment       | :                 |   |
|     |  | Describe ead                     | ch claim                                    |  |                          |                            |                   |   |

Official Form 106A/B Schedule A/B: Property page 4

| 34.          | Other contingent and unliquidated claims of every nature, inclu   | ding counterclaims         | of the debtor and rights to | set off claims          |
|--------------|---|----------------------------|-----------------------------|-------------------------|
| ı            | No  |                            |                             |                         |
|              | Yes. Describe each claim  |                            |                             |                         |
| 35.          | Any financial assets you did not already list   |                            |                             |                         |
| ı            | No  |                            |                             |                         |
|              | ☐ Yes. Give specific information  |                            |                             |                         |
| 36.          | Add the dollar value of all of your entries from Part 4, includin for Part 4. Write that number here                          |                            | es you have attached        | \$177.60                |
|              | 101 Fait 4. Write that number here  |                            |                             |                         |
| Par          | 5: Describe Any Business-Related Property You Own or Have an Inter-   | est In. List any real esta | ate in Part 1.              |                         |
| 37. <b>I</b> | Do you own or have any legal or equitable interest in any business-relate   | ed property?               |                             |                         |
|              | No. Go to Part 6.   |                            |                             |                         |
|              | Yes. Go to line 38.   |                            |                             |                         |
|              |   |                            |                             |                         |
| Par          | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes     | st In.                      |                         |
| 46           | Do you own or have any legal or equitable interest in any farm-   | or commercial fishin       | ng-related property?        |                         |
| 10.          | No. Go to Part 7.   |                            | ig related property.        |                         |
|              | Yes. Go to line 47.   |                            |                             |                         |
|              | Tes. Go to line 47.   |                            |                             |                         |
|              |   |                            |                             |                         |
| Par          | Describe All Property You Own or Have an Interest in That You   | Did Not List Above         |                             |                         |
| 53.          | Do you have other property of any kind you did not already list?  | ?                          |                             |                         |
| _            | Examples: Season tickets, country club membership   |                            |                             |                         |
| _            | No  |                            |                             |                         |
| L            | Yes. Give specific information  |                            |                             |                         |
| 54.          | Add the dollar value of all of your entries from Part 7. Write that   | at number here             |                             | \$0.00                  |
| •            | , ,   |                            |                             |                         |
| Par          | 8: List the Totals of Each Part of this Form  |                            |                             |                         |
| 55           | Part 1: Total real estate, line 2   |                            |                             | £0.00                   |
|              | ·   |                            |                             | \$0.00                  |
| 57.          | Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15  | \$17,250.00                |                             |                         |
| 57.<br>58.   |   | \$3,500.00<br>\$177.60     |                             |                         |
| 59.          | Part 5: Total business-related property, line 45  | \$0.00                     |                             |                         |
| 60.          | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                     |                             |                         |
| 61.          |   | \$0.00                     |                             |                         |
| ٥            |   |                            |                             |                         |
| 62.          | Total personal property. Add lines 56 through 61  | \$20,927.60                | Copy personal property t    | otal <b>\$20,927.60</b> |
| 63           | Total of all property on Schedule A/B. Add line 55 + line 62  |                            |                             | ¢20.027.60              |
| 03.          | Total of all property of Sociedule A/B. Add line 55 + line 62   |                            |                             | \$20,927.60             |

Case number (if known) 22-11824

Debtor 1

**Mario Francis Magnotta** 

Official Form 106A/B Schedule A/B: Property page 5

| nation to identify your | case:  |  |  |
|-------------------------|--|--|--|
| Mario Francis Ma        |  |  |  |
| First Name              | Middle Name  | Last Name  |  |
|                         |  |  |  |
| First Name              | Middle Name  | Last Name  |  |
| nkruptcy Court for the: | EASTERN DISTRICT OF PENNSYLVANIA                                 |  |  |
| 2-11824                 |  |  |  |
|                         |  |  | ☐ Check if this is an amended filing   |
|                         | Mario Francis Ma First Name  First Name  akruptcy Court for the: | First Name Middle Name  skruptcy Court for the: EASTERN DISTRICT C | Mario Francis Magnotta  First Name Middle Name Last Name  First Name Middle Name Last Name  Akruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exemp |
|--|
|--|

| . Which set of exemptions are you claiming  | n set of exemptions are you claiming? Check one only, even if your spouse is filing with you.     |     |   |                                    |  |  |  |  |  |
|---|---|-----|---|------------------------------------|--|--|--|--|--|
| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)                |   |     |   |                                    |  |  |  |  |  |
| ■ You are claiming federal exemptions. 11   | U.S.C. § 522(b)(2)  |     |   |                                    |  |  |  |  |  |
| . For any property you list on Schedule A/B   | or any property you list on Schedule A/B that you claim as exempt, fill in the information below. |     |   |                                    |  |  |  |  |  |
| Brief description of the property and line on Schedule A/B that lists this property                 | Current value of the portion you own  | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |  |  |
| ,   | Copy the value from<br>Schedule A/B   | Che | ck only one box for each exemption.                             |                                    |  |  |  |  |  |
| Household Goods and Furnishings Books   | \$2,000.00  |     | \$2,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |  |
| Location: 1300 Shadyside Road,<br>Downingtown PA 19335-3809<br>Line from <i>Schedule A/B</i> : 6.1  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
| Computer and Printer  | \$1,000.00  |     | \$1,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |  |
| Location: 1300 Shadyside Road,<br>Downingtown PA 19335-3809<br>Line from Schedule A/B: 7.1          |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
| Clothing for 1 adult male and 1 child Location: 1300 Shadyside Road,                                | \$500.00  |     | \$500.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |  |
| Downingtown PA 19335-3809 Line from Schedule A/B: 11.1  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
| Cash on hand  | \$50.00   |     | \$50.00   | 11 U.S.C. § 522(d)(5)              |  |  |  |  |  |
| Location: 1300 Shadyside Road,<br>Downingtown PA 19335-3809<br>Line from <i>Schedule A/B</i> : 16.1 |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |

| Debto       | <sup>r 1</sup> Mario Francis Magnotta  |   |        | Case number (if known)   | 22-11824              |  |
|-------------|--|---|--------|--|-----------------------|--|
|             | rief description of the property and line on<br>chedule A/B that lists this property   | Current value of the portion you own  Copy the value from Schedule A/B  Amount of the exemption you claim  Check only one box for each exemption. |        | Specific laws that allow exemption                                       |                       |  |
| A<br>L<br>D | Checking: JP Morgan Chase<br>Account #4059<br>Ocation: 1300 Shadyside Road,<br>Downingtown PA 19335-3809<br>Ine from Schedule A/B: 17.1  | \$81.55   |        | \$81.55  100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |  |
| C<br>A      | Business Checking: JP Morgan<br>Chase<br>Account #9922<br>Ine from Schedule A/B: 17.2  | \$46.05   |        | \$46.05  100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |  |
|             | re you claiming a homestead exemption of Subject to adjustment on 4/01/25 and every 3  No  Yes. Did you acquire the property covered  No | 3 years after that for ca   | ses fi | ŕ  | ,                     |  |

☐ Yes

| Fill in this inf                   | ormation to identify you           | ır case:  |                  |  |  |                            |
|------------------------------------|------------------------------------|---|------------------|--|--|----------------------------|
| Debtor 1                           | Mario Francis N                    | lagnotta  |                  |  |  |                            |
|                                    | First Name                         | Middle Name   | Last Name        |  | -  |                            |
| Debtor 2<br>(Spouse if, filing)    | First Name                         | Middle Name   | Last Name        |  | -  |                            |
| United States                      | Bankruptcy Court for the           | EASTERN DISTRICT OF PEN   | INSYLVANIA       |  | -  |                            |
| Case number                        | 22-11824                           |   |                  |  |  |                            |
| (if known)                         |                                    |   |                  |  | ☐ Check  | if this is an              |
|                                    |                                    |   |                  |  | amend  | ded filing                 |
| O#:-:-1 F-                         | 400D                               |   |                  |  |  |                            |
| Official Fo                        | orm 106D                           |   |                  |  |  |                            |
| Schedul                            | e D: Creditors                     | Who Have Claims   | Secure           | d by Propert   | У  | 12/15                      |
| is needed, copy<br>number (if knov | the Additional Page, fill it won). | If two married people are filing togetl<br>out, number the entries, and attach it   |                  |  |  |                            |
| 1. Do any credit                   | ors have claims secured by         | y your property?  |                  |  |  |                            |
| ☐ No. Ch                           | eck this box and submit t          | his form to the court with your other   | r schedules. Y   | ou have nothing else                                     | to report on this form.                          |                            |
| Yes. F                             | ill in all of the information      | below.  |                  |  |  |                            |
| Part 1: Lis                        | t All Secured Claims               |   |                  |  |  |                            |
| for each claim.                    | If more than one creditor has      | more than one secured claim, list the cro<br>s a particular claim, list the other creditor<br>cal order according to the creditor's nan | rs in Part 2. As | Y Amount of claim Do not deduct the value of collateral. | Column B  Value of collateral that supports this | Column C Unsecured portion |
| 2.1 One Ma                         | ain Financial                      | Describe the property that secures  | the claim:       | \$14.717.41  | claim \$17,250.00                                | If any <b>\$14,717.41</b>  |
| Creditor's N                       |                                    | 2016 Honda Odyssey 54,000 miles<br>LX Minivan<br>Poor Condition   |                  | <b>— •</b> • • • • • • • • • • • • • • • • • •           | <b>— • • • • • • • • • • • • • • • • • • •</b>   | <u> </u>                   |
| 3913 Li                            | inciln Highway                     | Location: 1300 Shadyside F  | , ,              |  |  |                            |
| Suite U                            |                                    | Downingtown PA 19335-386 As of the date you file, the claim is:   |                  |  |  |                            |
|                                    | ngtown, PA                         | apply.  | oncor an triat   |  |  |                            |
| 19335-                             |                                    | ☐ Contingent  |                  |  |  |                            |
| Number, S                          | treet, City, State & Zip Code      | ☐ Unliquidated  |                  |  |  |                            |
| Who owes the                       | e debt? Check one.                 | ☐ Disputed  Nature of lien. Check all that apply.   |                  |  |  |                            |
| ■ Debtor 1 onl                     |                                    | ☐ An agreement you made (such as  | mortgage or se   | cured  |  |                            |
| Debtor 2 onl                       | •                                  | car loan)   | mongago or oc    | ourou  |  |                            |
| Debtor 1 and                       | •                                  | ☐ Statutory lien (such as tax lien, me  | ochanic's lian)  |  |  |                            |
| _                                  | of the debtors and another         | ☐ Judgment lien from a lawsuit  | echanic's lien)  |  |  |                            |
|                                    | s claim relates to a               | Other (including a right to offset)   | Secured L        | ien  |  |                            |
|                                    | November<br>20, 2020 -             |   |                  |  |  |                            |

Date debt was incurred April 2022

Last 4 digits of account number

3156

| Debto    | r 1 Mario Frai          | าcis Magnotta         |  | Case number (if known) <b>22-11824</b> |                             |               |  |  |
|----------|-------------------------|-----------------------|--|--|-----------------------------|---------------|--|--|
|          | First Name              | Middle N              | ame Last Name  |  |                             |               |  |  |
|          |                         |                       |  |  |                             |               |  |  |
| <u> </u> | Toyota Motor            | Credit                |  | _                                      |                             |               |  |  |
| 2.2      | Corporation             |                       | Describe the property that secures the claim:                                  | \$31,994.00                            | \$17,250.00                 | \$14,744.00   |  |  |
| (        | Creditor's Name         |                       | 2016 Honda Odyssey 54,000 miles  | 7                                      |                             |               |  |  |
|          |                         |                       | LX Minivan   |  |                             |               |  |  |
|          |                         |                       | Poor Condition   |  |                             |               |  |  |
|          |                         |                       | Location: 1300 Shadyside Road,   |  |                             |               |  |  |
|          |                         |                       |  |  |                             |               |  |  |
|          |                         |                       | Downingtown PA 19335-3809 As of the date you file, the claim is: Check all tha |  |                             |               |  |  |
| :        | 240 Gibraltar F         | Road                  | apply.   | t .                                    |                             |               |  |  |
|          | Horsham, PA             | 19044-2334            | ☐ Contingent   |  |                             |               |  |  |
| _        | Number, Street, City, S |                       | ☐ Unliquidated   |  |                             |               |  |  |
| '        | Number, Street, City, C | nate & Zip Code       | <u> </u>   |  |                             |               |  |  |
|          |                         |                       | Disputed   |  |                             |               |  |  |
| Who d    | owes the debt? C        | heck one.             | Nature of lien. Check all that apply.  |  |                             |               |  |  |
| ■ Del    | btor 1 only             |                       | ☐ An agreement you made (such as mortgage o                                    | r secured                              |                             |               |  |  |
| _        | btor 2 only             |                       | car loan)  |  |                             |               |  |  |
| _        | •                       |                       |  |  |                             |               |  |  |
|          | btor 1 and Debtor 2     | •                     | ☐ Statutory lien (such as tax lien, mechanic's lier                            | n)                                     |                             |               |  |  |
| ☐ At I   | east one of the deb     | tors and another      | ☐ Judgment lien from a lawsuit   |  |                             |               |  |  |
| ☐ Ch     | eck if this claim re    | lates to a            | Other (including a right to offset) Automo                                     | bile                                   |                             |               |  |  |
| co       | mmunity debt            |                       | — Other (morading a right to onset)  |  |                             |               |  |  |
|          |                         |                       |  |  |                             |               |  |  |
|          |                         | Opened                |  |  |                             |               |  |  |
|          |                         | September             |  |  |                             |               |  |  |
| Date d   | lebt was incurred       | 12, 2020              | Last 4 digits of account number 000  | <b>)</b> 1                             |                             |               |  |  |
|          |                         |                       |  |  |                             |               |  |  |
|          |                         |                       |  |  |                             |               |  |  |
|          |                         |                       |  |  |                             |               |  |  |
| Add      | the dollar value of     | f your entries in C   | olumn A on this page. Write that number here:                                  | \$46,71                                | 1.41                        |               |  |  |
|          |                         |                       | the dollar value totals from all pages.  | \$46,71                                | 1 /1                        |               |  |  |
| Write    | e that number here      | e:                    |  | \$40,71                                | 1.41                        |               |  |  |
|          |                         |                       | <b>- -</b>   |  |                             |               |  |  |
| Part 2   | List Others t           | o Be Notified to      | r a Debt That You Already Listed   |  |                             |               |  |  |
| Use th   | is page only if you     | ı have others to b    | e notified about your bankruptcy for a debt that                               | vou already listed in Part 1.          | For example, if a collecti  | on agency is  |  |  |
| trying   | to collect from yo      | u for a debt you o    | we to someone else, list the creditor in Part 1, a                             | nd then list the collection ag         | ency here. Similarly, if yo | ou have more  |  |  |
|          |                         |                       | you listed in Part 1, list the additional creditors                            | here. If you do not have add           | itional persons to be not   | ified for any |  |  |
| debts    | in Part 1, do not fi    | ll out or submit th   | is page.   |  |                             |               |  |  |
| []       |                         |                       |  |  |                             |               |  |  |
|          | Name, Number, S         | Street, City, State & | k Zip Code On  | which line in Part 1 did you en        | ter the creditor? 2.1       |               |  |  |
|          | One Main Fir            | nancial               |  | •                                      |                             |               |  |  |
|          | P.O. Box 101            | 0                     | Las  | at 4 digits of account number          |                             |               |  |  |
|          | Evansville, II          | N 47708-1010          |  | <u> </u>                               | _                           |               |  |  |
|          |                         |                       |  |  |                             |               |  |  |
| []       |                         |                       |  |  |                             |               |  |  |
| LJ       | Name, Number, S         | Street, City, State 8 | k Zip Code On  | which line in Part 1 did you en        | ter the creditor? 2.1       |               |  |  |
|          | One Main Fir            | nancial               | - · · · · · · · · · · · · · · · · · · ·  |  |                             |               |  |  |
|          | 100 Internati           | onal Drive            | Las  | st 4 digits of account number          |                             |               |  |  |
|          | 15th Floor              |                       |  |  | _                           |               |  |  |
|          |                         | D 21202-4784          |  |  |                             |               |  |  |
|          | Daitimore, W            | L 2 1202-41 04        |  |  |                             |               |  |  |
| r 1      |                         |                       |  |  |                             |               |  |  |
| []       | Name, Number. S         | Street, City, State 8 | k Zip Code   | which line in Part 1 did you en        | ter the creditor? 22        |               |  |  |
|          |                         | r Corporation         |  | willou iii ie iii i ait i ulu you eli  | tor the district!           |               |  |  |
|          | P.O. Box 978            |                       |  | at 4 digits of account number          |                             |               |  |  |
|          |                         | s, IA 52409-97        |  | a 4 digits of account number _         | _                           |               |  |  |
|          | Ceuai Kapiu             | 3, IM JZ4U3-9/        |  |  |                             |               |  |  |
|          |                         |                       |  |  |                             |               |  |  |

| Fill in th  | is information to identify your o   | ase:                                  |                       |  |                                   |
|-------------|---|---------------------------------------|-----------------------|--|-----------------------------------|
| Debtor 1    | Mario Francis Mag   | notta                                 |                       |  |                                   |
| 20010.      | First Name  | Middle Name                           | Last Name             |  |                                   |
| Debtor 2    |   |                                       |                       |  |                                   |
| (Spouse if, | filing) First Name  | Middle Name                           | Last Name             |  |                                   |
| United S    | tates Bankruptcy Court for the:   | EASTERN DISTRICT OF P                 | ENNSYLVANIA           |  |                                   |
| Case nu     | mber <b>22-11824</b>  |                                       |                       |  |                                   |
| (if known)  | 22-11024  |                                       |                       |  | ☐ Check if this is an             |
|             |   |                                       |                       |  | amended filing                    |
| Ott: -: -   | I Farma 400F/F  |                                       |                       |  |                                   |
|             | II Form 106E/F  | l. a. 1.1a a. 1.1 a. a. a             | -l Olai               |  | 40/45                             |
|             | dule E/F: Creditors W   |                                       |                       |  | 12/15                             |
| left. Attac | D: Creditors Who Have Claims Secu<br>h the Continuation Page to this page<br>case number (if known).  List All of Your PRIORITY Un: | e. If you have no information to      |                       |  |                                   |
|             | ny creditors have priority unsecured  |                                       |                       |  |                                   |
| ■ N         | o. Go to Part 2.  |                                       |                       |  |                                   |
| □ Y         |   |                                       |                       |  |                                   |
|             |   |                                       |                       |  |                                   |
| Part 2:     | List All of Your NONPRIORIT   | Y Unsecured Claims                    |                       |  |                                   |
| 3. Do a     | ny creditors have nonpriority unsec   | ured claims against you?              |                       |  |                                   |
| □и          | o. You have nothing to report in this pa  | art. Submit this form to the court w  | vith your other sche  | dules.                                     |                                   |
| <b>■</b> Y  | es.   |                                       |                       |  |                                   |
| 4. List a   | all of your nonpriority unsecured cla   | ims in the alphabetical order o       | f the creditor who    | holds each claim. If a creditor has        | more than one nonpriority         |
| unse        | cured claim, list the creditor separately one creditor holds a particular claim, list   | for each claim. For each claim lis    | sted, identify what t | ype of claim it is. Do not list claims all | ready included in Part 1. If more |
| Part 2      |   | st the other creditors in rant o.ii y | od nave more man      | tinee nonphonty unsecured claims in        | ii out the Continuation rage of   |
|             |   |                                       |                       |  | Total claim                       |
|             | Blackbaud Tuiton Managem  | ent Last 4 digits of a                | account number        | 8520                                       | \$1,360.00                        |
|             | Nonpriority Creditor's Name  P.O. Box 11731   | When was the d                        | abt incurred?         | 2021 - 2022                                |                                   |
|             | Newark, NJ 07101-4731   | When was the u                        | est incurred:         | 2021 - 2022                                |                                   |
| Ī           | Number Street City State Zip Code   | As of the date ye                     | ou file, the claim i  | s: Check all that apply                    |                                   |
| ,           | Who incurred the debt? Check one.   |                                       |                       |  |                                   |
|             | Debtor 1 only   | ☐ Contingent                          |                       |  |                                   |
|             | Debtor 2 only   | ☐ Unliquidated                        |                       |  |                                   |
|             | Debtor 1 and Debtor 2 only  | ☐ Disputed                            |                       |  |                                   |
|             | $\square$ At least one of the debtors and and   |                                       | ORITY unsecured       | I claim:                                   |                                   |
|             | Check if this claim is for a comm   |                                       |                       |  |                                   |
|             | debt<br>s the claim subject to offset?  | ☐ Obligations au report as priority   |                       | ration agreement or divorce that you       | did not                           |
|             | No  |                                       |                       | g plans, and other similar debts           |                                   |
|             | □ Yes   | Other. Specific                       |                       |  |                                   |
| 1           | _ 100   | <ul> <li>Other. Specify</li> </ul>    | <i></i>               |  |                                   |

| DCDIO | Warlo Francis Wagnotta  |  | 22-11624                                     |             |  |  |  |  |
|-------|---|--|--|-------------|--|--|--|--|
| 4.2   | Capital One   | Last 4 digits of account number                              | 2570   | \$10,436.00 |  |  |  |  |
|       | Nonpriority Creditor's Name<br>7601 Penn Avenue South<br>Minneapolis, MN 55423-8500 | When was the debt incurred?                                  | January 2017                                 |             |  |  |  |  |
|       | Number Street City State Zip Code   | As of the date you file, the claim                           | s: Check all that apply                      |             |  |  |  |  |
|       | Who incurred the debt? Check one.   |  |  |             |  |  |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |  |
|       | $\square$ At least one of the debtors and another                                   | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |  |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |             |  |  |  |  |
|       | debt Is the claim subject to offset?  |  | ration agreement or divorce that you did not |             |  |  |  |  |
|       | ·   | report as priority claims  Debts to pension or profit-sharin | a plane, and other circular debte            |             |  |  |  |  |
|       | ■ No  | ·  |  |             |  |  |  |  |
|       | Yes   | Other. Specify   |  |             |  |  |  |  |
| 4.3   | Carosella and Associates  | Last 4 digits of account number                              |  | \$1,232.96  |  |  |  |  |
|       | Nonpriority Creditor's Name<br>882 S. Matlock Street<br>Suite 101                   | When was the debt incurred?                                  |  |             |  |  |  |  |
|       | West Chester, PA 19382-4503<br>Number Street City State Zip Code                    | As of the date you file, the claim                           | is: Check all that apply                     |             |  |  |  |  |
|       | Who incurred the debt? Check one.   |  |  |             |  |  |  |  |
|       | Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |  |
|       | ☐ Debtor 2 only ☐ Unliquidated  |  |  |             |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |  |
|       | $\square$ At least one of the debtors and another                                   | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |  |  |
|       | ☐ Check if this claim is for a community  | Student loans  | ☐ Student loans                              |             |  |  |  |  |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   |  |             |  |  |  |  |
|       | No  | Debts to pension or profit-sharin                            | o plans, and other similar debts             |             |  |  |  |  |
|       | Yes   | ·  |  |             |  |  |  |  |
|       | Li res  | ■ Other. Specify   |  |             |  |  |  |  |
| 4.4   | Credit One Bank Nonpriority Creditor's Name   | Last 4 digits of account number                              | 7280   | \$435.00    |  |  |  |  |
|       | 6801 S. Cimarron Road<br>Las Vegas, NV 89113-2273                                   | When was the debt incurred?                                  | January 2021 - February 2022                 |             |  |  |  |  |
|       | Number Street City State Zip Code Who incurred the debt? Check one.                 | As of the date you file, the claim                           | is: Check all that apply                     |             |  |  |  |  |
|       | Debtor 1 only   | Debtor 1 only  |  |             |  |  |  |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  |  |  |             |  |  |  |  |
|       | ☐ At least one of the debtors and another   |  |  |             |  |  |  |  |
|       | ☐ Check if this claim is for a community  | ck if this claim is for a community                          |  |             |  |  |  |  |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims |  |             |  |  |  |  |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |  |  |  |  |
|       | ☐ Yes ☐ Other. Specify  |  |  |             |  |  |  |  |

| Debto | or 1 Mario Francis Magnotta  | Case number (if known)   | 22-11824             |              |  |  |  |  |
|-------|--|--|----------------------|--------------|--|--|--|--|
| 4.5   | Executive Office Link  | Last 4 digits of account number  | -                    | \$7,335.29   |  |  |  |  |
|       | Nonpriority Creditor's Name 5 Great Valley Parkway Suite 210                               | When was the debt incurred?  January - July 20   | 022                  |              |  |  |  |  |
|       | Malvern, PA 19355-1426 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                  |                      |              |  |  |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent   |                      |              |  |  |  |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated   |                      |              |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                      |              |  |  |  |  |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |                      |              |  |  |  |  |
|       | ☐ Check if this claim is for a community   | ☐ Student loans  |                      |              |  |  |  |  |
|       | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divoreport as priority claims | rce that you did not |              |  |  |  |  |
|       | ■ No   | lacksquare Debts to pension or profit-sharing plans, and other similar                       | r debts              |              |  |  |  |  |
|       | Yes  | Other. Specify   |                      |              |  |  |  |  |
| 4.6   | Federal Loan Servicing  Nonpriority Creditor's Name  | Last 4 digits of account number 6226   | _                    | \$217,335.71 |  |  |  |  |
|       | PO Box 69184<br>Harrisburg, PA 17106-9184  | When was the debt incurred? 1990 - 2009  |                      |              |  |  |  |  |
|       | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply                                  |                      |              |  |  |  |  |
|       | Who incurred the debt? Check one.  | _  |                      |              |  |  |  |  |
|       | Debtor 1 only  | ☐ Contingent   |                      |              |  |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated   |                      |              |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                      |              |  |  |  |  |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |                      |              |  |  |  |  |
|       | ☐ Check if this claim is for a community   | Student loans  |                      |              |  |  |  |  |
|       | debt Is the claim subject to offset? —   | Obligations arising out of a separation agreement or divoreport as priority claims           | ·                    |              |  |  |  |  |
|       | No   | $\square$ Debts to pension or profit-sharing plans, and other simila                         |                      |              |  |  |  |  |
|       | Yes  | Other. Specify   |                      |              |  |  |  |  |
| 4.7   | Joe Finley Nonpriority Creditor's Name   | Last 4 digits of account number  | -                    | \$4,500.00   |  |  |  |  |
|       | 714 South Chester Avenue<br>Delran, NJ 08075-4109  | When was the debt incurred? 2021 - 2022  |                      |              |  |  |  |  |
|       | Number Street City State Zip Code Who incurred the debt? Check one.                        | As of the date you file, the claim is: Check all that apply                                  |                      |              |  |  |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent   |                      |              |  |  |  |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated   |                      |              |  |  |  |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |                      |              |  |  |  |  |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |                      |              |  |  |  |  |
|       | ☐ Check if this claim is for a community   | ☐ Student loans  |                      |              |  |  |  |  |
|       | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divoreport as priority claims         |                      |              |  |  |  |  |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar                        | r debts              |              |  |  |  |  |
|       | ☐ Yes  | ■ Other. Specify Personal Debt   |                      |              |  |  |  |  |

| DCDIO    | Wallo Francis Wagnotta  |  | 22-11624                                     |            |
|----------|---|--|--|------------|
| 4.8      | MacElree, LTD   | Last 4 digits of account number                              | 227M   | \$1,939.12 |
|          | Nonpriority Creditor's Name 17 West Minor Street P.O. Box 660                                     | When was the debt incurred?                                  | March 3 - May 9, 2022                        |            |
|          | West Chester, PA 19381-0660  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                     |            |
|          | Debtor 1 only   | Пол  |  |            |
|          |   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | Debtor 1 and Debtor 2 only  | Disputed   | d alaim.                                     |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans               | d Claim:                                     |            |
|          | Check if this claim is for a community debt   | ☐ Obligations arising out of a sepa                          | ration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharin | a plane, and other similar debte             |            |
|          | ■ No □ Yes  | •  | g plans, and other similar debts             |            |
|          |   | — Other. Specify   |  |            |
| 4.9      | Midwest Fidelity Service Nonpriority Creditor's Name  | Last 4 digits of account number                              |  | \$275.00   |
|          | 103 S. Main Street<br>Ottawa, KS 66067-2327   | When was the debt incurred?                                  |  |            |
|          | Number Street City State Zip Code   | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.   |  |  |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|          | Yes   | Other. Specify   |  |            |
|          | Sean Andrew Murphy, Attorney at   |  |  |            |
| 4.1<br>0 | Law Nonpriority Creditor's Name   | Last 4 digits of account number                              |  | \$2,691.50 |
|          | 340 North Lansdowne Avenue<br>Lansdowne, PA 19050-1018  | When was the debt incurred?                                  |  |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                              | As of the date you file, the claim i                         | is: Check all that apply                     |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                |  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  |  | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|          | □ Yes   | Other. Specify   |  |            |
|          | . ==  | — Olliel, Specily  |  |            |

| Deblor              | Mario Fra   | ancis Magnotta                   |  | Case n       | 22-11824                                |                            |
|---------------------|---|----------------------------------|--|--------------|---|----------------------------|
| 4.1                 | Verizon Maryland Incorporated  Nonpriority Creditor's Name 500 Technology Drive |                                  | Last 4 digits of account number  | 0001         |   | \$3,370.86                 |
| į                   |   |                                  | When was the debt incurred?  | Janu         | uary 2021                               |                            |
|                     | Suite 300<br>Weldon Spi   | ring, MO 63304-2225              |  |              |   |                            |
| 1                   | Number Street   | City State Zip Code              | As of the date you file, the claim   | is: Chec     | k all that apply                        |                            |
| 1                   | Who incurred  | the debt? Check one.             |  |              |   |                            |
|                     | Debtor 1 on   | ly                               | ☐ Contingent   |              |   |                            |
| I                   | Debtor 2 on   | ly                               | ☐ Unliquidated   |              |   |                            |
| _                   | _   | d Debtor 2 only                  | Disputed   |              |   |                            |
|                     |   | of the debtors and another       | Type of NONPRIORITY unsecure  ☐ Student loans  | ed claim:    |   |                            |
|                     | ☐ Check if thi<br>debt  | is claim is for a community      |  | aration as   | are amount or diverse that you did not  |                            |
|                     |   | bject to offset?                 | report as priority claims  | aration aq   | greement or divorce that you did not    |                            |
| 1                   | No  |                                  | Debts to pension or profit-shari   | ng plans,    | and other similar debts                 |                            |
| ı                   | ☐ Yes   |                                  | Other. Specify   |              |   |                            |
| Part 3:             | List Others   | s to Be Notified About a De      | bt That You Already Listed   |              |   |                            |
|                     |   |                                  | about your bankruptcy, for a debt that   | vou alrea    | adv listed in Parts 1 or 2. For examp   | le. if a collection agency |
| is trying<br>have m | g to collect fro<br>ore than one o  | om you for a debt you owe to se  | omeone else, list the original creditor i<br>at you listed in Parts 1 or 2, list the add | n Parts 1    | or 2, then list the collection agency   | here. Similarly, if you    |
|                     | d Address   |                                  | On which entry in Part 1 or Part 2 did you   |              | 5                                       |                            |
|                     | One Bank<br>ox 98875  |                                  |  |              | Creditors with Priority Unsecured Clair |                            |
|                     | gas, NV 89 <sup>,</sup>   | 193-8873                         |  | Part 2:      | Creditors with Nonpriority Unsecured    | Claims                     |
| ·                   |   |                                  | Last 4 digits of account number  |              |   |                            |
|                     | d Address   |                                  | On which entry in Part 1 or Part 2 did you   |              | •                                       |                            |
|                     | One Bank<br>ox 98872  |                                  |  |              | Creditors with Priority Unsecured Clair |                            |
|                     | gas, NV 89 <sup>,</sup>   | 193-8872                         |  | Part 2:      | Creditors with Nonpriority Unsecured    | Claims                     |
| ·                   |   |                                  | Last 4 digits of account number  |              |   |                            |
|                     | d Address   |                                  | On which entry in Part 1 or Part 2 did you   | u list the o | original creditor?                      |                            |
| Midqua<br>P.O. 72   | s Fire Depa   | artment                          |  |              | Creditors with Priority Unsecured Clair |                            |
|                     |   | PA 17070-0726                    |  | Part 2:      | Creditors with Nonpriority Unsecured    | Claims                     |
|                     | <b>,</b>  |                                  | Last 4 digits of account number  |              |   |                            |
|                     | d Address   |                                  | On which entry in Part 1 or Part 2 did you   | u list the o | original creditor?                      |                            |
|                     | Wireless  |                                  |  |              | Creditors with Priority Unsecured Clair |                            |
|                     | ox 650584<br>TX 75265-0   | 0584                             |  | Part 2:      | Creditors with Nonpriority Unsecured    | Claims                     |
| ,                   | .,  |                                  | Last 4 digits of account number  |              |   |                            |
|                     | •   |                                  | 101.   |              |   |                            |
| Part 4:             |   | mounts for Each Type of U        |  |              |   |                            |
|                     | ne amounts of<br>unsecured cla  |                                  | ims. This information is for statistical   | reporting    |   | d the amounts for each     |
|                     | 6a.   | Domestic support obligation      | c  | 6a.          | Total Claim                             |                            |
| Total               | va.   | Domestic support obligation      | 5  | ua.          | \$                                      | -                          |
| claims<br>from Part | art 1 6b. Taxes and certain other debts   |                                  | s you owe the government   | 6b.          | \$ 0.00                                 |                            |
|                     | 6c.   |                                  | injury while you were intoxicated  | 6c.          | \$ 0.00                                 | -                          |
|                     | 6d.   |                                  | secured claims. Write that amount here.  | 6d.          | \$ 0.00                                 | -                          |
|                     |   |                                  |  |              |   |                            |
|                     | 6e.   | Total Priority. Add lines 6a the | rough 6d.  | 6e.          | \$                                      | -                          |
|                     |   |                                  |  |              | Total Olaima                            |                            |
|                     | 6f.   | Student loans                    |  | 6f.          | Total Claim \$ 217,335.71               |                            |

#### Debtor 1 Mario Francis Magnotta

Case number (if known) 22-11824

| Total |             |   |
|-------|-------------|---|
| claim | ıs          |   |
| from  | <b>Part</b> | 2 |

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims

  Debts to pension or profit-sharing plans, and other similar debts 6g.
- 6h.
- Other. Add all other nonpriority unsecured claims. Write that amount here.
- Total Nonpriority. Add lines 6f through 6i.

| 6g. | \$<br>0.00      |
|-----|-----------------|
| 6h. | \$<br>0.00      |
| 6i. | \$<br>33,575.73 |

250,911.44

| Fill in this information to identify your case: |                          |                    |              |  |                                    |  |  |
|---|--------------------------|--------------------|--------------|--|------------------------------------|--|--|
| Debtor 1  |                          |                    |              |  |                                    |  |  |
|   | First Name               | Middle Name        | Last Name    |  |                                    |  |  |
| Debtor 2  |                          |                    |              |  |                                    |  |  |
| (Spouse if, filing)                             | First Name               | Middle Name        | Last Name    |  |                                    |  |  |
| United States Ba                                | ankruptcy Court for the: | EASTERN DISTRICT O | PENNSYLVANIA |  |                                    |  |  |
| Case number 22-11824                            |                          |                    |              |  |                                    |  |  |
| (if known)                                      |                          |                    |              |  | Check if this is an amended filing |  |  |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Executive Office Link
5 Great Valley Parkway
Suite 210
Malvern, PA 19355-1426

Office Rental for Business through March 1, 2023

|  | mation to identify your                                  |  |                        |  |  |
|--|--|--|------------------------|--|--|
| Debtor 1   | Mario Francis Ma   | <u> </u>   | Loot Name              |  |  |
| Debtor 2   | First Name   | Middle Name  | Last Name              |  |  |
| Spouse if, filing)                                   | First Name   | Middle Name  | Last Name              |  |  |
| United States Ba                                     | ankruptcy Court for the:                                 | EASTERN DISTRICT O   | F PENNSYLVANIA         |  |  |
| Case number  | 22-11824   |  |                        |  |  |
| if known)  |  |  |                        |  | Check if this is an amended filing   |
|  |  |  |                        |  | amended ming   |
|  | orm 106H   |  |                        |  |  |
| 3chedule   | H: Your Cod  | ebtors   |                        |  | 12/15  |
|  |  | <b>ı lived in a community pr</b><br>, Nevada, New Mexico, Pu |                        |  | states and territories include   |
| ■ No. Go to  |  | use, or legal equivalent live                                | with you at the time?  |  |  |
|  | ain as a codebtor only                                   |  | spouse as a codebto    |  | with you I jet the person show   |
|  |  | i Form 106E/F), or Sched                                     |                        | 06G). Úse Schedule D, S  | e creditor on Schedule D (Officia<br>Schedule E/F, or Schedule G to f  |
| Form 106D<br>out Column<br>Colum                     |  | ,  |                        | 06G). Úse Schedule D, S  | e creditor on Schedule D (Officia<br>Schedule E/F, or Schedule G to f<br>ditor to whom you owe the debt  |
| Form 106D<br>out Columi<br>Colum<br>Name, I          | n 2.   | ,  |                        | Column 2: The cree<br>Check all schedules  | e creditor on Schedule D (Official Schedule E/F, or Schedule G to follow to whom you owe the debt is that apply:   |
| Form 106D<br>out Column<br>Colum                     | n 2.   | ,  |                        | Column 2: The cree Check all schedule D, Ince  | e creditor on Schedule D (Official Schedule E/F, or Schedule G to find the debt is that apply:   |
| Form 106D out Column Name, I                         | n 2.   | ,  |                        | Column 2: The cree<br>Check all schedules  | e creditor on Schedule D (Official Schedule E/F, or Schedule G to find the schedule G to fi |
| Form 106D out Column Name, I                         | nn 1: Your codebtor<br>Number, Street, City, State and Z | ,  |                        | Column 2: The cree Check all schedule D, line Schedule D, line   | e creditor on Schedule D (Official Schedule E/F, or Schedule G to find the debt of the deb |
| Form 106D out Column Name, I                         | nn 1: Your codebtor<br>Number, Street, City, State and Z | IP Code  | ule G (Official Form 1 | Column 2: The cree Check all schedule D, S  Schedule D, line Schedule E/F, line Schedule G, line                               | e creditor on Schedule D (Official Schedule E/F, or Schedule G to find the first to whom you owe the debt is that apply:   |
| Form 106D out Column Name, I                         | nn 1: Your codebtor<br>Number, Street, City, State and Z | IP Code  | ule G (Official Form 1 | Column 2: The cree Check all schedules  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line                  | e creditor on Schedule D (Official Schedule E/F, or Schedule G to for Schedule G to  |
| Form 106D out Column Name, I  3.1  Name  Number City | nn 1: Your codebtor<br>Number, Street, City, State and Z | IP Code  | ule G (Official Form 1 | Column 2: The cree Check all schedules  Schedule D, line Schedule E/F, line Schedule D, line Schedule G, line Schedule D, line | e creditor on Schedule D (Official Schedule E/F, or Schedule G to find the first to whom you owe the debt is that apply:  The  |
| Form 106D out Column Name, I  3.1  Name  Number City | nn 1: Your codebtor<br>Number, Street, City, State and Z | IP Code  | ule G (Official Form 1 | Column 2: The cree Check all schedules  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line                  | e creditor on Schedule D (Offici<br>Schedule E/F, or Schedule G to<br>ditor to whom you owe the debt<br>is that apply:   |

| Fill                       | in this information to ic  | dentify your ca                                | ase:  |  |                        |               | l                                    |                                |                                  |                              |
|----------------------------|--|--|---|--|------------------------|---------------|--------------------------------------|--------------------------------|----------------------------------|------------------------------|
| Del                        | otor 1 N   | lario Franci                                   | s Magnotta  |  |                        | _             |                                      |                                |                                  |                              |
|                            | otor 2   |  |   |  |                        | _             |                                      |                                |                                  |                              |
| Uni                        | ted States Bankruptcy  | Court for the:                                 | EASTERN DISTRICT  | OF PENNSYLVANI                             | A                      |               |                                      |                                |                                  |                              |
|                            | se number 22-11  | 824  |   | -  |                        |               | Check if this                        |                                |                                  |                              |
| $\bigcirc$                 | fficial Form 1   | 06I  |   |  |                        |               | A supple 13 incom                    | ment showin<br>ne as of the fo | g postpetition<br>ollowing date: | chapter                      |
|                            | fficial Form 1<br>chedule I: Yo  |  | ama   |  |                        |               | MM / DD                              | / YYYY                         |                                  | 12/15                        |
| Be a<br>sup<br>spo<br>atta | as complete and accu<br>plying correct inform<br>use. If you are separa<br>ch a separate sheet t | irate as poss<br>ation. If you<br>ated and you | pible. If two married pec<br>are married and not fili<br>r spouse is not filing w<br>On the top of any additi | ng jointly, and your ith you, do not inclu | spouse i<br>ude infori | s liv<br>nati | ring with you, in<br>on about your s | clude inform<br>pouse. If me   | nation about<br>ore space is     | sible for<br>your<br>needed, |
| 1.                         | Fill in your employr information.  | ment   |   | Debtor 1                                   |                        |               | Debto                                | r 2 or non-fi                  | iling spouse                     |                              |
| l<br>a                     | If you have more than one job,   |  |   | ■ Employed                                 |                        |               | ☐ Em                                 | ☐ Employed                     |                                  |                              |
|                            | attach a separate page with information about additional   |  | Employment status   | ☐ Not employed                             |                        |               | □ No                                 | ☐ Not employed                 |                                  |                              |
|                            | employers.   |  | Occupation  | Behavioral Ana                             | llyist                 |               |                                      |                                |                                  |                              |
|                            | Include part-time, se self-employed work.  | asonal, or                                     | Employer's name   | Magnotta Beha                              | vioral H               | ealt          | h,                                   |                                |                                  |                              |
|                            | Occupation may incl<br>or homemaker, if it a   |  | Employer's address  | 5 Great Valley I<br>Malvern, PA 19         |                        |               |                                      |                                |                                  |                              |
|                            |  |  | How long employed t   | here? <u>1 Year</u>                        |                        |               |                                      |                                |                                  |                              |
| Par                        | t 2: Give Detail   | s About Mon                                    | thly Income   |  |                        |               |                                      |                                |                                  |                              |
|                            | mate monthly incomo  |  | ate you file this form. If  | you have nothing to I                      | report for             | any           | line, write \$0 in t                 | he space. In                   | clude your no                    | n-filing                     |
| •                          | u or your non-filing spo<br>e space, attach a sepa   |  | ere than one employer, co   | ombine the information                     | on for all e           | mple          | oyers for that pe                    | rson on the li                 | nes below. If                    | you need                     |
|                            |  |  |   |  |                        |               | For Debtor 1                         |                                | btor 2 or<br>ing spouse          |                              |
| 2.                         |  |  | ry, and commissions (becalculate what the month   |  | 2.                     | \$            | 0.0                                  | <b>o</b> \$                    | N/A                              | -                            |
| 3.                         | Estimate and list m  | onthly overti                                  | me pay.   |  | 3.                     | +\$           | 0.0                                  | <b>0</b> +\$                   | N/A                              | =                            |
| 4.                         | Calculate gross Inc  | ome. Add lin                                   | e 2 + line 3.   |  | 4.                     | \$            | 0.00                                 | \$                             | N/A                              |                              |
|                            |  |  |   |  |                        |               |                                      |                                |                                  |                              |

Debtor has recently started a business with Credentials as Behavioral Analysist for which there is a strong demand. Thus his income is expected to increase

and enable him to support a Chapter 13 Plan.

No.

Yes. Explain:

| Fill  | in this information to identify your case:  |  |               |                     |                               |
|-------|---|--|---------------|---------------------|-------------------------------|
| Deb   | otor 1 Mario Francis Magnotta   |  | Chec          | k if this is:       |                               |
| Deb   | otor 2  |  | _             | An amended filing   | ving postpetition chapter     |
| 1     | ouse, if filing)  |  |               | 13 expenses as of   |                               |
| Unit  | red States Bankruptcy Court for the: EASTERN DISTRICT OF PENN   | ISYLVANIA                                | -             | MM / DD / YYYY      |                               |
| Cas   | e number 22-11824   |  |               |                     |                               |
| (If k | nown)   |  |               |                     |                               |
|       | W : 15 4001   |  | l             |                     |                               |
|       | fficial Form 106J   |  |               |                     |                               |
|       | chedule J: Your Expenses as complete and accurate as possible. If two married people a  | are filing together, bo                  | oth are equa  | ılly responsible fo | 12/15<br>or supplying correct |
| info  | ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.   |  |               |                     |                               |
| Par   |   |  |               |                     |                               |
| 1.    | Is this a joint case?  No. Go to line 2.  |  |               |                     |                               |
|       | Yes. Does Debtor 2 live in a separate household?  |  |               |                     |                               |
|       | □ No  |  |               |                     |                               |
|       | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expense   | es for Separate House                    | ehold of Debt | or 2.               |                               |
| 2.    | Do you have dependents? $\square$ No  |  |               |                     |                               |
|       | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent   | Dependent's relati<br>Debtor 1 or Debtor |               | Dependent's age     | Does dependent live with you? |
|       | Do not state the  |  |               |                     | □ No                          |
|       | dependents names.   | Daughter                                 |               | 6                   | ■ Yes                         |
|       |   |  |               |                     | □ No<br>□ Yes                 |
|       |   |  |               |                     | □ No                          |
|       |   |  |               |                     | ☐ Yes                         |
|       |   |  |               |                     | □ No                          |
| _     |   |  |               |                     | ☐ Yes                         |
| 3.    | Do your expenses include expenses of people other than yourself and your dependents?  |  |               |                     |                               |
| Par   | t 2: Estimate Your Ongoing Monthly Expenses   |  |               |                     |                               |
| Est   | imate your expenses as of your bankruptcy filing date unless<br>benses as of a date after the bankruptcy is filed. If this is a sup<br>blicable date. |  |               |                     |                               |
| • • • | lude expenses paid for with non-cash government assistance  | if you know                              |               |                     |                               |
| the   | value of such assistance and have included it on Schedule I:  | Your Income                              |               | Your expe           | onege                         |
| (Of   | ficial Form 106I.)  |  |               | Tour expe           | 511363                        |
| 4.    | The rental or home ownership expenses for your residence payments and any rent for the ground or lot.   | Include first mortgage                   | e<br>4. \$    |                     | 0.00                          |
|       | If not included in line 4:  |  |               |                     |                               |
|       | 4a. Real estate taxes   |  | 4a. \$        |                     | 0.00                          |
|       | 4b. Property, homeowner's, or renter's insurance  |  | 4b. \$        |                     | 0.00                          |
|       | 4c. Home maintenance, repair, and upkeep expenses   |  | 4c. \$        |                     | 0.00                          |
| _     | 4d. Homeowner's association or condominium dues   |  | 4d. \$        |                     | 0.00                          |
| 5.    | Additional mortgage payments for your residence, such as h  | ome equity loans                         | 5. \$         |                     | 0.00                          |